## Political Organization Notice of Section 527 Status

OMB No. 1545-1693

(X	17	
<u></u>	ŗ	
	j	
ند . أ	45 10 22	
DESCRIPTION OF THE	7 M 78	
Ú.	100	

General Information	NI		Employer identification number
Name of organization			Applied For
The Stille Millennium Fund  Mailing address (P.O. Box or number, street, and room or suite number)			370. 40.5049
P.O. Box 224			
City or town, state, and ZIP cod	ie		
Grand Haven,			
E-mail address of organization			
buehlerp@shap	e-corp.com		
Name of custodian of records	4b	Custodian's address	
Margaret Buehler		1115 Grand Avenu	<u>e</u>
nargares basses		Grand Haven, MI	49417
Name of contact person	5b	5b Contact person's address	
Margaret Buehler		Same as above	
nargares same	İ		
	Ct. 174 top a sile and	Ideace shows above) Number S	treet, and room or suite number
Business address of organization	in (if different from mailing ac	ddress shown above). Number, st	dicor, and room or control to
710			
City or town, state, and ZIP cod	16		
- Durage			
Purpose  Describe the purpose of the org	eanization		
Describe the purpose of the org	condont committ	ee authorized un	der Michigan
Campa	ion Finance Ac	t used to suppor	t or defeat
	ations of cand	idates	
	ations of cand	idates	
	ations of cand	idates	
	ations of cand	idates	
	ations of cand	idates	
	ations of cand	idates	
	ations of cand	idates	
nomin			
nomin	I Entities (see instruction	ons)	
nomin			
nomin	I Entities (see instruction	ons)	
nomin  List of All Related  Name of related entity	I Entities (see instruction	ons)	
nomin	I Entities (see instruction	ons)	
nomin  List of All Related  Name of related entity	I Entities (see instruction	ons)	
nomin  List of All Related  Name of related entity	I Entities (see instruction	ons)	
nomin  List of All Related  Name of related entity	I Entities (see instruction	ons)	
nomin  List of All Related  Name of related entity	I Entities (see instruction	ons)	
nomin  List of All Related  Name of related entity	I Entities (see instruction	ons)	
nomin  List of All Related  Name of related entity	I Entities (see instruction	ons)	
nomin  List of All Related  Name of related entity	I Entities (see instruction	ons)	
nomin  List of All Related  Name of related entity	I Entities (see instruction	ons)	
nomin  List of All Related  Name of related entity	I Entities (see instruction	ons)	
nomin  List of All Related  Name of related entity	I Entities (see instruction	ons)	
nomin  List of All Related  Name of related entity	I Entities (see instruction	ons)	
nomin  List of All Related  Name of related entity	I Entities (see instruction	ons)	
nomin  List of All Related  Name of related entity	I Entities (see instruction	ons)	
nomin  List of All Related  Name of related entity	I Entities (see instruction	ons)	
nomin  List of All Related  Name of related entity	I Entities (see instruction	ons)	
nomin  List of All Related  Name of related entity	I Entities (see instruction	ons)	
nomin  List of All Related  Name of related entity	I Entities (see instruction	ons)	Form 8871 (?-2000)

a Name	9b Title	ompensated Employees (see instructions)  9c Address
Gary Verplank	Treasurer	221 N. Cutler Street Spring Lake, MI 49456
Under penalties of perjury, I de Revenue Code, and that I have it is true, correct, and complete	e examined this notice, including acc	in Part I is to be treated as an organization described in section 527 of the Inter companying schedules and statements, and to the best of my knowledge and bel
gn signature of authorized	Kedauh ottjetai	7/26/00 Date

Lie are Currently is sing Ireasurer a 55th, but have appeal for EIN the. Used 55th on electronic filing